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RESECTION OF THE PYLORUS.

BY M. LE DOCTEUR KAHN.

Kahn. (Dr)

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RESECTION OF THE PYLORUS.

BY M. LE DOCTEUR KAHN.

Translated from *Le Progrès Médic'l.*

THE question of the resection of the pylorus is sufficiently old, for in the earlier years of this century a German physician, Karl Merrem, made such experiments upon a dog as demonstrated the possibility of the operation, and spoke of a Philadelphia surgeon who had made similar researches. Neither of them met with great success. People talked for a while of "Merrem's dream;" then the matter was so completely forgotten that when, in 1874, Gussenbauer and Winiwarter performed the same experiments they did not know of Merrem's labors in the year 1810. After several failures they succeeded in securing the survival of one of their animals—a dog—who was healthy and fat seven months after the operation, when he was sacrificed in experiments of another nature.

Kaiser and Werth then took up the question with the object of establishing more clearly the method of operation. In one case they even removed the entire stomach, drawing together the pylorus and cardia. The animal lived, and at the end of eight months weighed one half more than he did before the operation.

The operation upon the human subject was made for the first time on the 9th of April, 1879, by Péan, a Frenchman, upon a patient who threatened suicide if the surgeon refused to extirpate the cancer.

Eighteen months later, the 19th of November, 1880, Rydygier, of Kulm, operated upon a man of 64 years. The unsuccessful termination of these two operations (for the first patient died in five days, and the second in 12 hours), was not of a nature to attract many imitators; but Billroth, on the 22d of January, 1881, performed the operation upon a woman of 43 years, and she survived. This success made a great noise in Germany and excited much enthusiasm. Billroth hastened to operate upon two other cases, and his example was followed by many imitators. In the four months following, 9 resections of the pylorus were made by German physicians, and the year 1881 saw no less than 17 of them. To his first success Billroth had joined a second, and Wœlfler, his assistant, and Czerny added two more. Unfortunately Billroth's first patient died of relapse four months after the operation, and the absence of news from his second patient and the one operated upon by Czerny, left some doubt of the permanence of the attempted cure. It is known that all of the others died from the operation, and these facts explain why the enthusiasm concerning it has cooled.

But if Germany appeared calmed upon this point, if we do not find there any case of an operation made in 1882, we observe, nevertheless, that resection has since made the tour of the world, and we find it in Holland, England, Italy, Brazil, and the United States. We cannot present full details of the cases, but the following table gives the principal facts concerning the 27 cases of resection published up to the end of 1882.

Space will not permit us to give the complete manual of operation as thus far followed. We will draw attention to one of the points, which is interesting on account of the difficulty which it presents and the ingenious manner in which it

Operator and date of the Operation. Sex and Age.	Symptoms.	Nature of the Lesion.	Results.	Remarks and Bibliography.
1. J. Péan, At Paris, April 9, 1879. M.	Vomitings, Cachexia, very great dilatation of the stomach.	Cancer of the pylorus.	Two transfusions of blood. Death on the 5th day.	Péan Diag. et Trait. des Tum. de l'Abd. *Gaz. des Hôpitaux*, 1879, No. 60.
2. Rydygier, At Kulm, Nov. 16, 1880. M., 64 years 9 mos.	Pains, vomitings, movable tumor above the umbilicus.	Scirrhus.	Died in 12 hours.	*Deut. Zeitsch. für Chir.* Bd. xiv.
3. Billroth, Vienna, Jan. 29, 1881. F., 43 years.	Vomitings, sudden appearance of symptoms in Oct. 1880. Tumor in region of pylorus.	Colloid.	Survived 4 months. Died May 23 of relapse, disease extending to walls of stomach and intestine.	Wolfler. *Ueber die von H. P. Billroth, ausg. resect. der Carc. Pylorus.* Vienna, 1881.
4. Billroth, Feb. 28, 1881. F., 39 years.	No vomitings. Tumor at left of umbilicus.	Epithelial.	Died in 9 days.	Daily vomitings after operation. A reopening on the 7th day and establishment of duodenal fistula. Wolfler. *Ueber die von H. P. Billroth, ausg. resect. der carc. Pylorus.* Vienna, 1881.
5. Billroth, March 12, 1881. F., 38 years.	Pains lasting one year. Vomitings. Stools very rare. Tumor above and to right of umbilicus.	Medullary.	Died same evening.	Cancer adhered to pancreas. Wolfler. *Ueber die von H. P. Billroth, ausg. resect. der carc. Pylorus.* Vienna, 1881.
6. Nicolaysen, March 17, 1881. F., 37 years.	Pains for 10 months. Vomitings. Movable tumor. Dilatation of stomach.	Epithelial.	Died same night.	Some large ganglia removed from omentum. *Nordeskr Med. Arch.* Bd. xiii.
7. Bardenheuer, March 18, 1881. F., 54 years.		Cancer.	Died 26 hours after operation.	Vomitings of blood followed operation. At autopsy much blood found in stomach. Bardenheuer.
8. Wolfler, April 8, 1881. F., 52 years.	Great dilatation of stomach. Tumor movable.	Colloid.	A year afterward patient still in very good health.	Wolfler. *Ueber die* etc., et *Wein Woch.*, 1882, No. 14.
9. Berns, April 23, 1881. F., 49 years.	Sick for 3 years. Dilatation of stomach. Tumor in umbilical region.	Cancer of pylorus.	Died in 4 hours.	Tumor very adherent to pancreas. During operation vena cava opened to a length of 10 centimetres. *Wein Woch.*, 1881, No. 50.
10. Jurié, May. 1881.	Tumor seemed to be very mobile.	Cancer of pylorus.	Speedy death.	Tumor, despite apparent mobility, adhered very strongly to pancreas. *Wein Woch.*, 1881. No. 23.
11. Czerny, June 21, 1881. M., 28 years.	Pains and vomitings. Symptoms going back no further than six weeks.	Colloid.	In Jan., 1882, patient still very well, and had increased much in weight	*Arch. de Langenbeck*, Bd. 27, Hft. 4.
12. Lucke, June 25, 1881. M., 33 years.	Pains. No vomitings. Regular stools. Tumor painful. General condition good.	Scirrhus.	Died in 10 hours.	At autopsy heart soft, valves injected, lungs œdematous, scirrhus ganglia back of pancreas. *Deuts. Zeitsch. für Chir.*, Bd. xvi.
13. Kronlein, June 4, 1881. F., 54 years.	Pains for 5 months. Tumor very movable. Very marked emaciation.	Cancer.	Died in 24 hours.	Despite its mobility, tumor adhered very strongly. Carcinomatous infiltration extended into the liver and ganglia. *Cor. blatt. für Schw. Aerzt.*, 1882.
14. Kitajewsky, July 16, 1881. F., 52 years.	Very weak.	Cancer.	Died in 6 hours.	Sutures of occlusions found a little relaxed at autopsy. *Cent. für Chir.*, 1881, p. 783.

Operator and date of the operation. Sex and Age.	Symptoms.	Nature of the Lesion.	Results.	Remarks and Bibliography.
15. Weisslechner, Aug. 18, 1881. M., 47 years.	Very cachectic.	Cancer.	Died in 5 hours.	Tumor adhered to pancreas and liver. *Cent. für Chir.*, 1881, p. 783.
16. Billroth. Oct. 23, 1881. F., 36 years.	Pains for 4 months. Vomitings. Small tumor.	Glandular.	Five months afterward patient in very good health.	*Wein. Med. Woch.*, 1881, No. 51; 1882, No. 14.
17. Billroth, Nov. 5, 1881. M., 44 years.	Great dilatation of stomach.	Cancer.	Died on the third day.	Tumor adhered to pancreas. *Wein. Med. Woch.*, 1881, No. 51; 1882, No. 14.
18. Bardenheuer.		Cancer.	Died on the eighth day.	Rydygier. *Sammlung Kl. Vort.*, No. 220.
19. Bardenheuer.		Cancer.	Died on the second day.	Tumor adhered to pancreas. Rydygier. *Sammlung Kl. Vort.*, No. 220.
20. Langenbeck.			Died soon afterward.	Strong adhesion to pancreas, which was deeply involved. Rydygier. *Sammlung*, etc., 11th Congress German Surgeons.
21. Gussenbauer. F.	Tumor very movable.		Died in 16 hours.	Extended adhesions to pancreas, of which it was necessary to remove a portion. Rydygier. *Sammlung.*
22. Southam, April 5, 1882. M., 43 years.	Pains, dilatation of stomach, vomitings, emaciation. Very pronounced constipation. Stools rare and tarry. Tumor movable.	Scirrhus.	Died in 14 hours.	*Brit. Med. Jour.*, 1882, No. 1,126.
23. Fort, April 17, 1882. Rio Janeyro. F.	Extreme emaciation. Tumor movable.	Cancer.	Died very soon after operation.	Tumor adhered to pancreas, portal vein, and other portions of hepatic pedicle. *Gaz. des Hôp.*, 1882, No. 123.
24. Hahn. May 19, 1882. F., 63 years.	Pains, vomitings, emaciation, enormous dilatation of stomach. Tumor very mobile.	Cancer.	Died on the seventh day.	Patient had had fecaloid vomitings, which from the first led to a diagnosis of ileus. *Berlin Klin. Woch.* 1882, No. 37.
25. Richter, May 25, 1882. M., 51 years.	Pains, vomitings, emaciation, tumor.	Cancer.	Died in 3 hours.	*San Francisco West. Lancet.* July, 1882. Reported by Centralbl., 1882.
26. Caselli, June 14, 1882. F.	Dilatation, pains.	Cancer.	Died in 7 hours.	At the autopsy the other organs were found healthy. *Italia Medica*, June, 1882.
27. Kohler. F., 65 years.	Symptoms of cancer had been diagnosed 6 mos. previously.	Cancer.	Died in 6 hours.	*The Med. Herald*, 1882, No. 41. Reported by *Centralbl.*, 1882.

is surmounted. We refer to that part of the operation which consists in securing the duodenum to the stomach.

In consequence of the frequent dilatation of the stomach, the calibre of its section is much larger than the duodenal, so that we have two openings of different diameters to unite. Péan, in his operation, found it very difficult to reduce the borders of the stomachal section sufficiently to adapt it to the duodenum. The German surgeons have discovered an ingenious method of doing it easily. Rydygier had, for this purpose, excised a triangular piece from the great curvature, sutured the edges of this section, and adapted it to the duodenum. Billroth, operating in a more simple way, folded in the excess of membrane and sutured it to the side of the stomach. But as the duodenal and stomachal sections had been made vertically, this disposition of the membrane brought about, in case number 4, the formation of a *cul de sac* at the extremity of the greater curve, which made the passage of food more difficult and caused more vomitings than the patient had experienced before the operation. He modified his method as follows: He divided the stomach and duodenum, not vertically as before, but following an oblique line from top to bottom and from left to right—thus making a larger opening of this portion than by cutting vertically—and sutured the stomachal section from the smaller bend. A third method has been proposed. It consists in cutting the duodenum vertically, and the stomach in a broken line composed of three parts, the superior to be oblique from top to bottom and from left to right from the smaller bend, and the inferior oblique from top to bottom and from right to left joining the greater curve. The median line is then cut, vertically and between the two, joining one to the other. The superior and inferior incisions are then sutured, the median serving to receive the duodenum.

In examining the results of the resection of the pylorus as thus far obtained, what do we find? Out of 27 persons operated upon, only four have survived; the 23 others died within a few hours or days after the operation. Of these 23, a few only showed signs of peritonitis, the greater part died in collapse. The mortality has been frightful, and it is proper to ask if an operation should be permitted which has thus far shown itself so murderous. Its partisans object, certainly, that we should not decide from the cases recorded in 1881-2 because of the bad condition of the patients who were operated upon, they for the most part presenting adhesions of the pylorus to the pancreas, a gland that they were obliged to cut into in order to remove all the parts involved by the disease. This latter is of course a matter which should always be the rule in an operation which has for its end the extirpation of cancer. They add that to-day they would not operate in such cases and that everyone now regards an adhesion to the pancreas as an absolute contra-indication.

In order that there may be no adhesion, it would be necessary to operate early, before the disease had time to spread. But at this time would the diagnosis be sufficiently well established to warrant an operation? We know the difficulties so often encountered in this disease well enough to reply that in most cases the diagnosis will only be established when it is too late.

But let us suppose the most favorable case, that is to say, one having an assured diagnosis and symptoms which have been manifested but a short time, conditions presented by four choice cases of which we shall speak further on. Have we in such subjects any means of knowing if the pylorus is still at liberty or if it is already adherent to the pancreas? To this question we must say, no!

In fact a sign that one would willingly take for a proof of the want of adhesion, is the perfect mobility of the tumor. In these 4 cases—Nos. 10, 12, 13 and 21—the mobility was perfect, and yet at the time of operation there were found very extended adhesions to the pancreas.

On the 25th of June, 1881, Lücke, of Strasbourg, operated upon a patient of 35 years who had never been sick before, had felt pains for only 5 months, had kept his appetite and had not been troubled with vomitings. The stools were regular and free from blood. The patient was anæmic but not cachectic. Here certainly was a group of symptoms which it would be difficult to improve upon. One might even ask how Lücke was able to decide upon risking an operation on a patient in so good a condition. Let us add that the tumor had an extreme mobility, yet at the time of operation it was found adhering to the pancreas and the patient died ten hours afterward.

[Continued in April ABSTRACT. Specimen copy sent on application.]

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